

DEPARTMENT OF THE ARMY
Headquarters and Headquarters Company, Second Brigade Combat Team
10th Mountain Division (Light Infantry)
FOB Hammer
APO, AE 09308

AFZS-LF-I

21 December 2009

MEMORANDUM FOR RECORD

SUBJECT: Behaviour of SPC Bradley Manning

1. This memorandum highlights incidences of mental instability in SPC Bradley Manning. The events have extended over a period of months preceding the unit's deployment to OIF 09-10. His instability seems heightened since November, 2009, culminating in a confrontation between himself and his supervisor on 201030DEC09 in the brigade S2 conference room.
2. Approximately three months prior to our deployment, either June or July, 2009, SPC Manning's supervisor went to his room to check on him missing morning formation. Upon returning from his room, the supervisor explained a plan of corrective action. As I approached, SPC Manning suddenly began screaming uncontrollably. He clenched his fists, his neck and eyes bulged, and his face contorted. He screamed three times, then stopped, caught his breath, and collected himself. The rest of the day, SPC Manning seemed to function normally. At that time, I asked SPC Manning to voluntarily attend a psychiatric evaluation, to which he agreed. His supervisor arranged for the meeting and ensured he arrived at the proper place and time.
3. I decided SPC Manning should deploy given manpower issues, and he seemed receptive to possible therapy and/or medication, and suffered no other major outbursts. To my knowledge, however, due to our deployment timeline, SPC Manning only attended one session, and no one issued him medication. During this time, I had SPC Manning visit his chaplain at least once to learn coping skills for anger and stress management.
4. Other Soldiers have witnessed similar behaviour during other stressful events, namely counselings addressing specific shortcomings such as punctuality and accountability of equipment. The outbursts seem more violent the deeper we go into the deployment.
5. On about 122230DEC09, I counseled SPC Manning on the loss of his room key. The Mayor Cell required the DA4856 IOT issue a new key. During the counseling, SPC Manning shoved a chair and began yelling about the session. I took SPC Manning outside and calmed him down. Earlier in the day, he received a package from his father that he obviously found to be an unwelcome intrusion. SPC Manning has spoken of a problematic relationship with his father due in part to a physically abusive childhood. I assessed his outburst stemmed in part from the stressor induced by his father's unwanted gift.

AFZS-LF-I

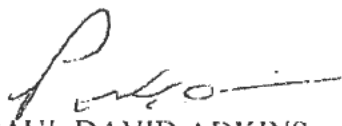
SUBJECT: Behaviour of SPC Bradley Manning

6. Between 18 and 20 DEC 09, SPC Manning's supervisor counseled him twice regarding punctuality. During the second counseling, SPC Manning became furious and began yelling on at least three occasions, finally flipping a table during a confrontation with two superiors. Neither Soldier believed SPC Manning directed the physical violence against them or himself. One Soldier restrained SPC Manning until he calmed down. When I learned about the incident that morning, I talked with him at length about this behaviour, advising him I would remove the bolt from his weapon as a precaution, which I did. Additionally, I stated his behaviour could not be tolerated, and that I would rather have a stable, unknowledgeable performer over his erratic, if competent, behaviour. I gave him the option of voluntary or command-referral to the combat stress unit. He opted to voluntarily attend counseling. During the course of the day, SPC Manning visited sick call for neck pain stemming from his earlier confrontation, as well as anxiety. The doctor placed him on 24 hours quarters and scheduled a psychiatric evaluation visit for 210800DEC09.

7. After several in-depth conversations with SPC Manning, I assess he is salvageable if he receives and actively participates in extensive psychological therapy immediately (at least once to twice a week on an indefinite basis), coupled with responsive psychiatric evaluations, medication and follow-up adjustments on dosages. Based on my limited knowledge of SPC Manning, I assess he suffers from acute post-traumatic stress disorder developed during his abusive childhood. He may also suffer from a form of anxiety disorder. He states regularly he never believes he is a success despite frequent comments to him regarding his competence as an intelligence analyst. I regularly see him outside his quarters during off-time when he should be sleeping. He reports it is almost impossible for him to sleep due to anxiety regarding reporting late to work.

8. SPC Manning stated repeatedly that he does not feel he has any problems, and therapy will be of little to no value. He stated he trusts virtually no therapists, and seems to feel disdain for them. He is extremely guarded concerning certain aspects of his private life, and compartmentalizes what information he will and will not share with others. What he does not share seems to add a significant amount of internal pressure and anxiety for SPC Manning. He seems to be a conglomeration of ambition, aggression and deep-seated insecurity.

9. The point of contact for this memorandum is the undersigned, at SVOIP (b) (6), or (b) (6)@us.army.mil.


PAUL DAVID ADKINS
MSG, USA
Master Sergeant